

Nursing Assessment reviewed Vitals reviewed bilateral BP's reviewed

PHYSICAL EXAM

General Appearance mild / moderate / severe distress
 no acute distress
 alert

EENT scleral icterus / pale conjunctivae
 eyes nml inspection
 ENT nml inspection
 pharynx nml

NECK thyromegaly
 nml inspection
 no carotid bruit

RESPIRATORY see diagram
 no resp. distress
 chest non-tender
 nml breath sounds
 no pleuritic chest pain

CVS irregularly irregular rhythm
 regular rate, rhythm
 no murmur
 no gallop
 no friction rub
 pulses full / equal

ABDOMEN non-tender
 no organomegaly
 no distention

RECTAL non-tender
 heme neg stool

SKIN cyanosis / diaphoresis / pallor
 color nml, no rash
 warm, dry

EXTREMITIES non-tender
 normal ROM
 no pedal edema
 no calf tenderness

NEURO / PSYCH disoriented to person / place / time
 oriented x3
 mood / affect nml
 CN's nml as tested
 no motor / sensory deficit

Chest Pain - 33

LABS, EKG & XRAYS K P 1 3 0 1

CBC	Chemistries	UA
Normal except	Normal except	normal except
WBC	N	WBC
Hgb	K	RBC
Hct	Cl	bacteria
Platelets	CO ₂	dip:
segs	Ca	PT
bands	Glu 113	PTT
lymphs	Creat	INR
monos	Bun	D-Dimer

EKG MONITOR STRIP NSR Rate

EKG NML Interp. by me Reviewed by MD Rate
 NSR arrhythmias axis QRS ST/T
not / changed from:

Repeat EKG unchanged /

CXR Interp. by me Reviewed by MD Discd w/ radiologist
 nml / NAD infiltrates heart size mediastinum
not / changed from:

Pulse Ox 99 % on RA L / % Interp. *weak*

TREATMENT Medications Given: time:
ASA ACE inhibitor Beta Blockers Thrombolytics Nitrates PCI

Discharge Medications:

PROGRESS Time unchanged improved re-examined

Quality measures addressed see addendum
Discussed with Dr. Time
will see patient in: ED / hospital / office
Counselled patient / family regarding Additional history from:
lab / rad. results diagnosis need for follow-up family caretaker paramedics
prior records ordered Rx given
CRIT CARE TIME (excluding separately billable procedures)
30-74 min 75-104 min min

CLINICAL IMPRESSION

<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Acute MI
precordial / painful respirations	<input type="checkbox"/> Pneumonia
chest wall / discomfort	<input type="checkbox"/> Pericarditis - acute
tightness / pressure / angina	<input type="checkbox"/> Acute Aortic Dissection
Dyspnea - acute	<input type="checkbox"/> Pulmonary Embolism
Costochondritis - acute	<input type="checkbox"/> Acute Pulmonary Edema
Myofascial Strain - acute	<input type="checkbox"/> CHF
Viral Syndrome - acute	<input type="checkbox"/> Atrial Fibrillation - rapid vent response
Bronchitis - acute	controlled uncontrolled new-onset
Viral Pleuritis (Pleurisy)	acute chronic
Abnormal EKG	<input type="checkbox"/> Pneumothorax
GERD	<input type="checkbox"/> Pneumomediastinum

DISPOSITION- transferred observation home admit
 expired AMA elopement DOA
CONDITION- good fair poor critical stable
 unchanged

MLP SIGNATURE

ATTENDING NOTE:
MLP's history reviewed, patient interviewed and examined.
Briefly, pertinent HPI is:
[Handwritten Signature]

Physician Signature _____ Date _____

ACCT#075885491 MR#000209691

PHILLIPS, NANCY A
06/13/1962 F45 1017-R0BA, ANTENEH T -
Houston Northwest Medical Center 02/08/2009 05 3

Houston Northwest Medical Center
Clinical Laboratory
North Houston Pathology Associates, L.L.P.
710 F.M. 1960 West
Houston, Texas 77090

Telephone: (281) 440-2160

Patient Name:	PHILLIPS, NANCY A	Medical Record No:	000209691
Date Of Birth:	06/13/62	Encounter No:	075885491
Age:	45Y	Admit Date:	02/06/08
Sex:	F	Discharge Date:	02/06/08
Physician:	ROBA, ANTENEH T, MD		
Diagnosis:			

DEPT: HEMATOLOGY SECTION

CBC

	02/06/08 09:25	Reference	Units
WBC	6.0	3.8-11.6	K/cumm
RBC	4.71	3.70-5.10	M/cumm
HEMOGLOBIN	13.1	12.0-15.0	gm/dl
HEMATOCRIT	39.6	35.7-44.8	%
MCV	84	80-100	fL
MCH	27.8	26.2-33.8	pg
MCHC	33.0	31.7-35.1	gm/dl
RDW	12.9	11.3-14.5	%
PLATELET	337	130-408	K/cumm
SEGS	69	50-70	%
LYMPHS	25	20-40	%
MONOS	5	1-10	%
EOS	1	1-5	%
BASOPHILS	0	0-2	%
SEGS,ABSOLUTE COUNT	4.1	1.90-7.20	K/cumm
LYMPHS,ABSOLUTE COUNT	1.5	1.10-2.70	K/cumm
MONOS,ABSOLUTE COUNT	0.3	0.30-0.80	K/cumm
EOSINOPHILS, ABSOLUTE COUNT	0.1	0.00-0.50	K/cumm
BASOPHILS, ABSOLUTE COUNT	0.0	0.00-0.10	K/cumm

DEPT: CHEMISTRY SECTION

Basic Metabolic Panel

	02/06/08 09:25	Reference	Units
SODIUM	138	135-145	mmol/L
POTASSIUM	4.1	3.6-5.0	mmol/L
CHLORIDE	106	101-111	mmol/L
CO2	26	21-31	mmol/L
CALCIUM	9.1	8.5-10.5	mg/dL
GLUCOSE	113 H	70-100	mg/dL

***** LAB DISCHARGED REPORT *****

Patient Name:	PHILLIPS, NANCY A	Location:	EMERGENCY ROOM
Patient Number:	000209691	Encounter Number:	075885491
Run Date and Time:	03/07/08 04:51		

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008 Report Type: Medical Records Report

Houston Northwest Medical Center
Clinical Laboratory
North Houston Pathology Associates, L.L.P.
710 F.M. 1960 West
Houston, Texas 77090

Telephone: (281) 440-2160

Patient Name: **PHILLIPS, NANCY A**
Date Of Birth: **06/13/62**
Age: **45Y**
Sex: **F**
Physician: **ROBA, ANTENEH T, MD**
Diagnosis:

Medical Record No: **000209691**
Encounter No: **075885491**
Admit Date: **02/06/08**
Discharge Date: **02/06/08**

		Reference	Units
CREAT	02/06/08 09:25	0.5-1.2	mg/dl
BUN	0.8 7	6-20	mg/dl

DEPT: CARDIAC ENZYME SECTION

		Normal	Units
CK	02/06/08 09:25	0-210	IU/L
TROPI	317 HC ¹	0.000-0.034	ng/ml
CKMB	0.0	0.0-2.4	ng/ml
RI %	0.0 ³	0.0-2.0	%

¹NOTIFIED VINCE HERBERT IN ER 2/6/08, 1000-CL

²>0.034 ng/ml Lower Reference Limit.

>0.120 ng/ml Upper Reference Limit.

*Lower reference limit suggests minimal cardiac damage.

*Upper reference limit suggests probable MI.

³ CKMB Screen	Relative Index (RI)	Interpretation
<2.4 ng/ml		Negative*
>2.4 ng/ml	<2.0%	Inconclusive*
>2.4 ng/ml	>2.0%	Positive

*Negative or inconclusive results do not exclude Myocardial Infarction. Serial tests at appropriate intervals may be necessary.

***** LAB DISCHARGED REPORT *****

Patient Name:	PHILLIPS, NANCY A	Location:	EMERGENCY ROOM
Patient Number:	000209691	Encounter Number:	075885491
Run Date and Time:	03/07/08 04:51		
PRINTED BY:	GERMAINNKENNARD		
DATE :	11/13/2008		
Report Type:	Medical Records Report		

02/06/08 0856	PHILLIPS, NANCY A	000209691
06/13/62	45Y F EQE	A075885491
02/06/08 0919	1918916 0004 ROBA, ANTENEH T	02/06/08 0942
ROBA, ANTENEH T	710 FM 1960 WEST HOUSTON, TX 77090	
	ROBA, ANTENEH T	

Chk-in #	Order	Exam
1918916	0004	1624 ER XR CHEST 1 VIEW Ord Diag: cp

Chest pain

FINDINGS:

1. The lungs are clear.
2. Heart size, mediastinum within normal limits.
3. No large pulmonary nodules or mediastinal lymphadenopathy seen.

CONCLUSION: Unremarkable chest radiograph.

Transcriptionist- Powerscribe
Read By- GIRISH AGRAWAL, M.D.
Released By- GIRISH AGRAWAL, M.D.
Released Date Time- 02/06/08 0942

Final

HOUSTON NORTHWEST MEDICAL CENTER - IMAGING DEPT

PHILLIPS, NANCY

13-Jun-1967

Female Black

Room: MSE 2
Loc: 2

ID: 000209691

6-Feb-2008

8:15:07

HOUSTON NW MEDICAL CENTER

Vent. rate 87 bpm
PR interval 132 ms
QRS duration 76 ms
QT/QTc 376/452 ms
P-R-T axes 60 33 27
**Poor
Original**

E K P 1 1 2 0 1 0

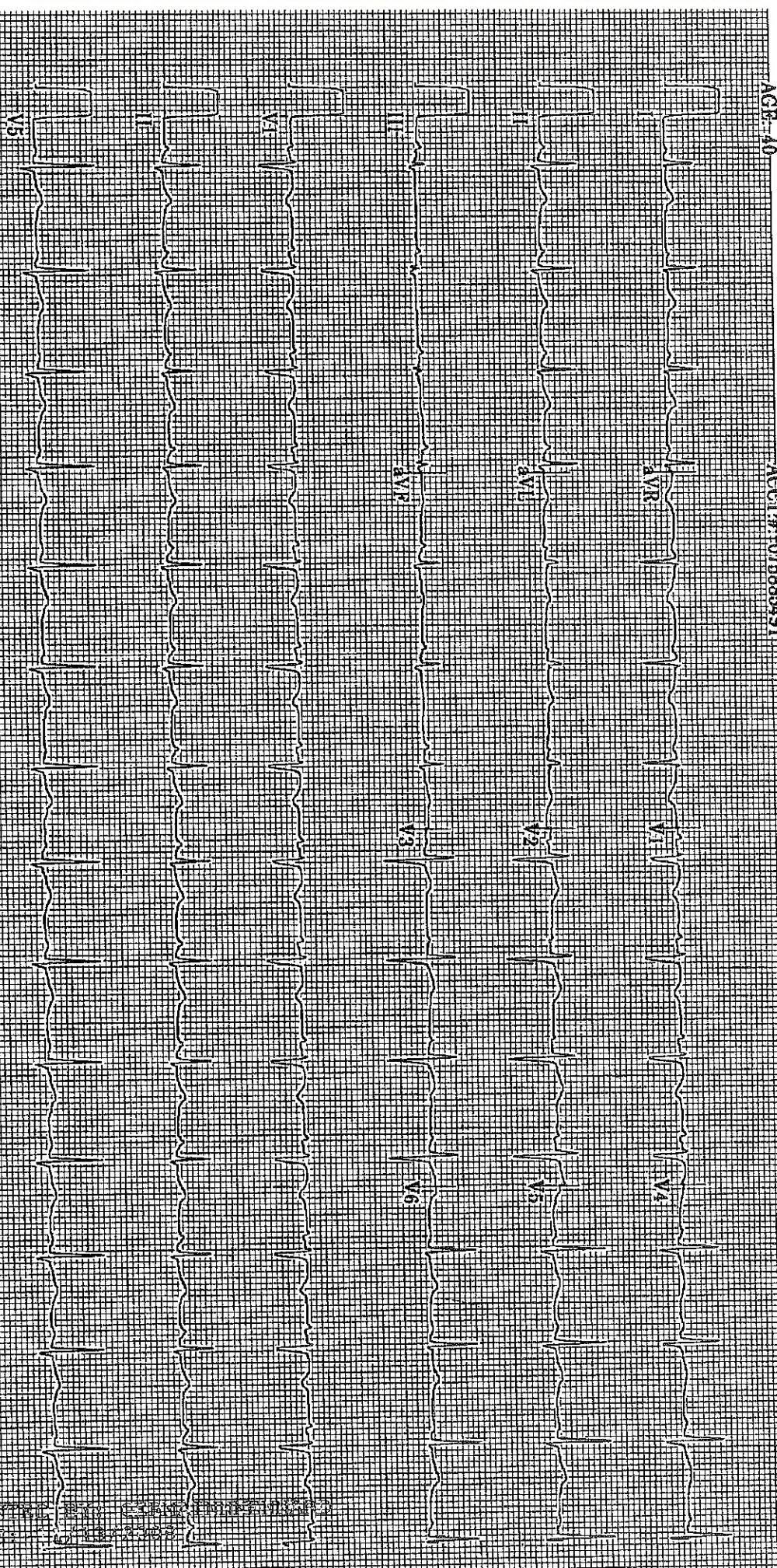
Technician: LLJ
Test ind: CP

Referred by: ROBA, A

Unconfirmed

AGE: 40

ACCT#: 075885491



40 Hz 25.0 mm/S 1.0 mm/mV

KENDALL MEDITECH

MAC5K 008B

© 1285™ V237

PRINTED IN U.S.A.

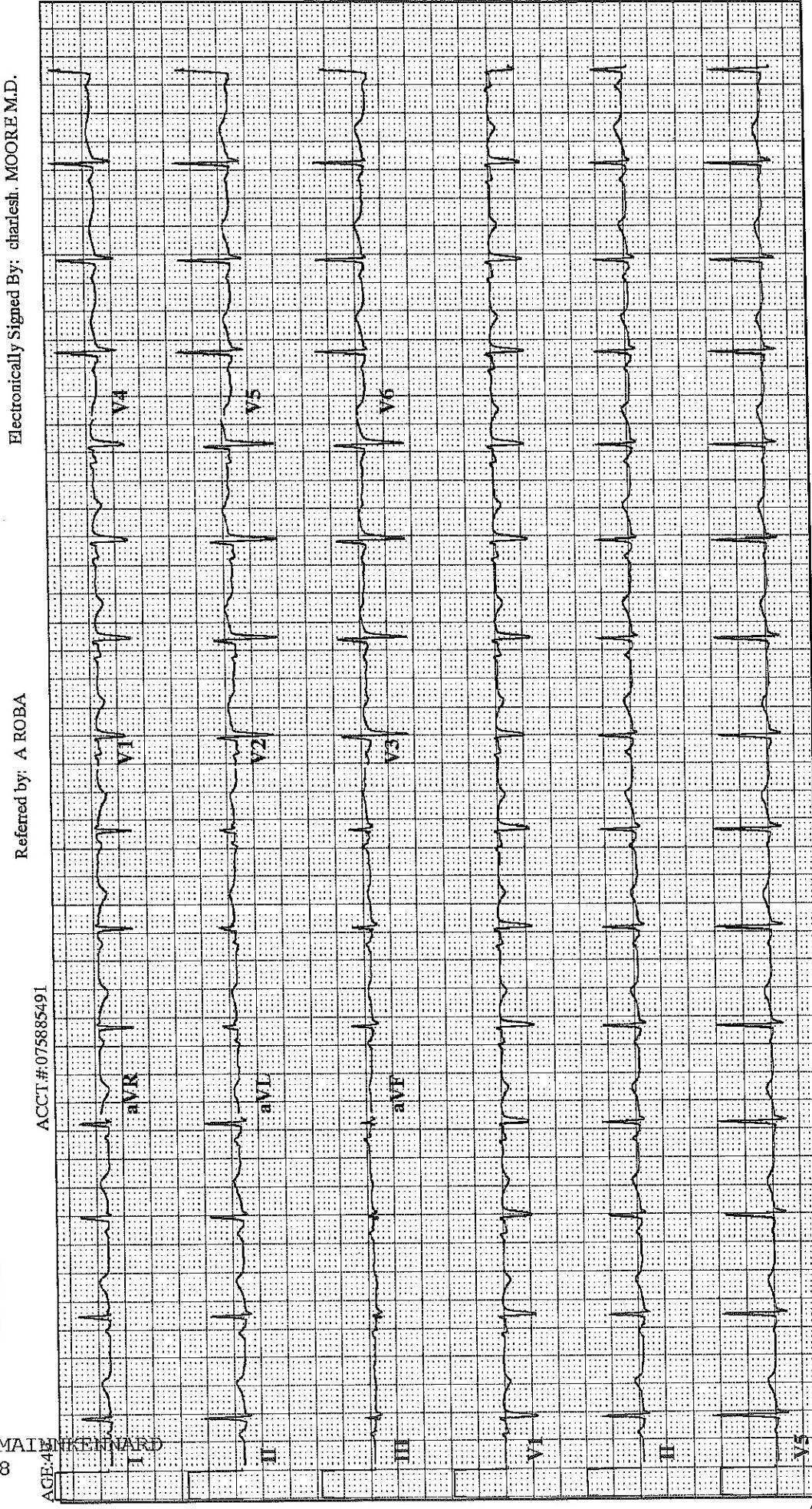
AWN000157

PHYSICIANS, NANCY ID:000209691 HOUSTON NORTHWEST MEDICAL CENTER-ER ROUTINE RECORD

PHYSICIANS, NANCY
 13-FEB-2008 1967 (40 yr)
 Black
 Female
 Room: 113
 Date: 13/02/2008
 Referring Physician: GERMAIN KENNARD
 Test: ind:CP

Technician: LLJ
 Test: ind:CP
 13/02/2008

Vent. rate 87 BPM
 PR interval 132 ms
 QRS duration 76 ms
 QT/QTC 376/452 ms
 P-R-T Taxes 60 33 27



Houston Northwest
Medical Center

Tenet Texas



PNEUMOCOCCAL POLYSACCHARIDE VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

2 Pneumococcal polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of Pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

3 Who should get PPV?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma, leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS
 - damaged spleen, or no spleen
 - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - certain cancer drugs
 - radiation therapy
- Alaskan Natives and certain Native American

Pneumococcal Polysaccharide

7/29/97

Pneumococcal Information Statement
Page 1 of 2

ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY A



HNMMND

4 How many doses of PPV are needed?

Usually one dose of PPV is all that is needed.

However, under some circumstances a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
 - have a damaged spleen or no spleen
 - have sickle-cell disease
 - have HIV infection or AIDS
 - have cancer, leukemia, lymphoma, multiple myeloma
 - have kidney failure-have nephrotic syndrome
 - have had an organ or bone marrow transplant
 - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

5 Other facts about getting the vaccine

- Otherwise, healthy children who often get ear infections, sinus infections, or other upper respiratory diseases do not need to get PPV because of these conditions.
- PPV may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.
- **Pregnancy:** The safety of PPV for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

6 What are the risks from PPV?

PPV is very safe vaccine.

About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

7

What If there is a serious reaction?

What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock).

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8

How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit the National Immunization Program website at www.cdc.gov/nip



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

Pneumococcal

(7/29/97)

Vaccine Information Statement



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T

02/06/2008 65 3

**Houston Northwest
Medical Center**

Tehel Texas



INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2006-07

1 Why get vaccinated?

Influenza ("flu") is a contagious disease.

It is caused by the influenza virus, which spreads from person to person through coughing or sneezing.

Other illnesses have the same symptoms and are often mistaken for influenza. But only the influenza virus can cause influenza.

Anyone can get influenza. For most people, it lasts only a few days. It can cause:

- fever - sore throat - chills - fatigue
- cough - headache - muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever and seizures in children. Influenza kills about 36,000 people each year in the United States, mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Inactivated Influenza vaccine

There are two types of influenza vaccine:

An inactivated (killed) vaccine, or "flu shot," has been used in the United States for many years. It is given by injection.

A live, weakened vaccine was licensed in 2003. It is sprayed into the nostrils. This vaccine is described in a separate Vaccine Information Statement.

Influenza viruses are always changing. Therefore, influenza vaccines are updated every year, and an annual vaccination is recommended.

For most people influenza vaccine prevents serious influenza-related illness. It will not prevent "influenza-like" illnesses caused by other viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection can last up to a year.

Inactivated Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

Some inactivated influenza vaccine contains thimerosal, a preservative that contains mercury. Some people believe thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine published a report concluding that, based on scientific studies, there is no evidence of such a relationship. If you are concerned about thimerosal, ask your doctor about thimerosal-free influenza vaccine.

3 Who should get inactivated influenza vaccine?

Inactivated influenza vaccine can be given to people 6 months of age and older. It is recommended for people who are at risk of complications from influenza, and for people who can spread influenza to those at high risk (including all household members):

People at high risk for complications from influenza:

People 65 years of age and older.

Residents of long-term care facilities housing persons with chronic medical conditions.

People who have long-term health problems with:

- heart disease - kidney disease
- lung disease - metabolic disease, such as diabetes
- asthma - anemia, and other blood disorders

People with certain muscle or nerve disorders (such as seizure disorders or severe cerebral palsy) that can lead to breathing or swallowing problems.

People with a weakened immune system due to:

- H.I.V. AIDS or other diseases affecting the immune system
- long-term treatment with drugs such as steroids
- cancer treatment with x-rays or drugs

People 6 months to 18 years of age on long-term aspirin treatment (these people could develop Reye Syndrome if they got influenza).

Women who will be pregnant during influenza season.

All children 6-59 months of age.

People who can spread influenza to those at high risk:

Household contacts and out-of-home caretakers of infants from 0 through 59 months of age.

Physicians, nurses, family members, or anyone else in close contact with people at risk of serious influenza.

Influenza vaccine is also recommended for adults 50 through 64 years of age and anyone else who wants to reduce their chance of getting influenza.

A yearly influenza vaccination should be considered for:

People who provide essential community services.

People living in dormitories or under other crowded conditions, to prevent outbreaks.

People at high risk of influenza complications who travel to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

HNMD

4 When should I get influenza vaccine?

The best time to get influenza vaccine is in October or November.

Influenza season usually peaks in February, but it can peak anytime from November through May. So getting the vaccine in December, or even later, can be beneficial in most years.

Some people should get their flu shot in October or earlier:

- people 50 years of age and older,
- younger people at high risk from influenza and its complications (including children 6 through 59 months of age),
- household contacts of people at high risk,
- health care workers, and
- children younger than 9 years of age getting influenza vaccine for the first time.

Most people need one flu shot each year. Children younger than 9 years of age getting influenza vaccine for the first time should get 2 doses, given at least one month apart.

5 Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
- Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
- A severe allergy to any vaccine component is also a reason to not get the vaccine.
- If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called G.B.S.). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever
- aches

Vaccine Information Statement Inactivated Influenza Vaccine (6/30/06)	42 U.S.C. §300aa-26
--	---------------------

If these problems occur, they usually begin soon after the shot and last 1 to 2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, a certain type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (G.B.S.). Since then, flu vaccines have not been clearly linked to G.B.S. However, if there is a risk of G.B.S. from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.
VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

9 How can I learn more?

Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.

- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO)
 - Visit CDC's website at www.cdc.gov/flu



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEHT

02/06/2008 65 3

Houston Northwest Medical Center

Tenet Texas



Nicotine: A Powerful Addiction

If you have tried to quit in the past, you know how hard it is. For some people, nicotine can be as addicting as cocaine or heroin. Quitting is difficult! It takes many people 2 or 3 tries to quit before being successful on a long-term basis.

Why Quit?

You will live longer and better! Quitting will decrease your chances of a heart attack, of a stroke or many kinds of cancer. If you are pregnant, quitting will increase your chances of having a healthy baby. You will not expose people around you to second hand smoke. You will decrease your expenses and have more money to spend on other things.

Some Benefits of Quitting

In 20 minutes:

Your blood pressure and your pulse rate returns to normal.

In 8 hours:

The carbon monoxide level in your blood drops to normal while the oxygen level in your blood increases to normal.

In 24 hours:

Your chances of a heart attack decreases.

In 48 hours:

Your nerve endings start regrowing and your ability to smell and taste is increased.

In 1 to 9 months:

Your coughing, congestion, fatigue, and shortness of breath decrease. Your lungs increase their ability to handle mucus, reduce infection and your body's overall energy increases.

Setting a Quit Date and Deciding on a Plan

Here are some steps to help you prepare for your Quit Day:

- ♦ Pick the date and mark it on your calendar.
- ♦ Tell friends and family of your quit day.
- ♦ Stock up on sugarless gum, carrot sticks, and hard candy.
- ♦ Decide on a plan. Will you use nicotine replacement therapy? Will you attend a smoking cessation class? If so, sign up now.
- ♦ Practice saying, "No thank you, I don't smoke."
- ♦ Set up a support system. This could be a group or a class, Nicotine Anonymous, or a friend who has successfully quit and is willing to help you.

Quit Day Suggestions

- ♦ Do not smoke.
- ♦ Get rid of all cigarettes, lighters, ashtrays, and any other items related to smoking.
- ♦ Keep active- try walking, exercising, or doing other activities or hobbies.
- ♦ Drink lots of water and juices while limiting caffeine.
- ♦ Attend stop-smoking classes or follow a self-help plan.
- ♦ Avoid high-risk situations where the urge to smoke is strong.
- ♦ Reduce or avoid alcohol.
- ♦ Use the four A's (avoid, alter, alternatives, activities) to deal with tough situations.
- ♦ Please speak with your doctor or your nurse regarding nicotine replacement therapy.

EID38 0305

Smoking Cessation
Page 1 of 2

ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY A

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

AWN000163

HNMMND

Staying Quit (Maintenance)

Think ahead to those times when you may be tempted to smoke and plan on how you will use alternatives and activities to cope with these situations. The unexpected strong desires to smoke that occur, sometimes months (or even years) after you've quit can be very dangerous. Try the following:

- ♦ Review your reasons for quitting and think of all the benefits to your health, your finances, and your family.
- ♦ Remind yourself that there is no such thing as just one cigarette- or even one puff.
- ♦ Ride out the desire to smoke. It will go away, but do not fool yourself into thinking you can have just one cigarette.
- ♦ Be prepared for relapse or difficult situations; you may feel more irritable or depressed initially when you stop smoking – Be active, listen to happy music, and treat yourself to something that will improve your mood.

Remember, the most important thing to your present and future health is to stop smoking!

What to Look for in a Stop-Smoking Group or Class

Stop smoking programs are designed to help smokers recognize and cope with problems that come up during quitting and to provide support and encouragement. Studies have shown that the best programs will include either individual or group counseling. There is a strong association between the intensity of counseling and the success rate. In general, the more intense the program, the greater the likelihood of success. Intensity may be increased by having more or longer sessions or by increasing the number of weeks over which the sessions are given. So, when considering a program, look for one that has the following:

- ♦ Session length – at least 20 minutes
- ♦ Number of sessions – at least 4 to 7
- ♦ Number of weeks at least 2 weeks

Be certain the leader of the group is trained in smoking cessation. Some communities have a Nicotine Anonymous group, which applies the principles of Alcoholics Anonymous to the addiction of smoking. There is no fee to attend.

Where Can I Go for Additional Help?

It is hard to fight any addiction and smoking is no different. But you can quit! More than 40 million Americans have successfully quit smoking.

Smoking Quitline **1-877-937-7848**

American Heart Association **1-800-242-8721**

www.americanheart.org

American Cancer Society **713-266-2877**

www.cancer.org

American Lung Association **713-629-1600**

www.lungusa.org

National Cancer Institute **1-800-422-6237**

www.nci.gov

Office on Smoking & Health National Center for Chronic Disease Prevention and Health

Promotion **1-800-232-1311**

www.cdc.gov/tobacco

For Pregnant Women:

American College of Obstetricians and Gynecologists **1-202-638-5577**

Credits:

Adapted from U.S. Dept of Health and Human Services Brochure: **You Can Quit Smoking**, June 2000. And the **American Cancer Society Complete Guide to Quitting**.

EID38 0305



Smoking Cessation
Page 2 of 2

ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T

02/06/2008 65 3

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

AWN000164

Houston Northwest
Medical Center

Tenet Texas



HNMLG

1. Consent to Medical and Surgical Procedures

I, the patient identified below or the patient's legally authorized representative, consent to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include, but are not limited to, laboratory procedures, including testing of blood or other bodily fluid to determine the presence of any communicable disease such as, to the extent allowed by law, Hepatitis and Human Immunodeficiency Virus (the causative agent of AIDS), x-ray examination, medical and surgical treatment or procedures, anesthesia, or hospital services rendered for the patient under the general and special instructions of my/the patient's physician or surgeon. I further consent to my/the patient's physician or surgeon or his/her designees including other practitioners and hospital personnel, which may include health care professionals in training, performing or administering all tests, services or treatments indicated as previously described.

2. Consent to Vaccine

I consent to administration of pneumococcal(pneumonia) vaccine and influenza vaccine(Oct-March) as determined by nursing screening and medical staff protocol.

3. Consent to Photograph

I permit the hospital to photograph as a part of the documentation of my/the patient's medical/surgical condition. These photographs will be maintained as part of my/the patient's permanent medical record. I understand and acknowledge that the hospital is permitted to use cameras to monitor all patients.

4. Nursing Care

I understand and acknowledge that this hospital will provide nursing care to meet my/the patient's needs in accordance with accepted standards of nursing practices. If I/the patient desire sitter services or the services of a private duty nurse to provide personal care needs, I understand that such retention of such services is my responsibility and I agree to notify the hospital if I intend to arrange for additional or private duty nursing. I also understand and acknowledge that the hospital may use cameras or other devices for patient monitoring.

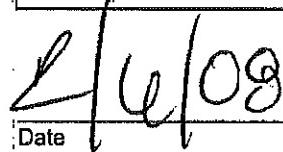
5. Smoking Cessation

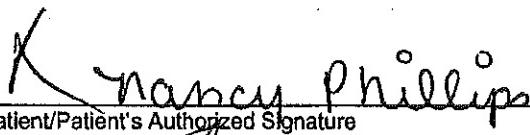
I am not a smoker, but have received a copy of the smoking cessation information to share with my family member or friend who is a smoker.

I am a smoker and have received a copy of the smoking cessation information and have been advised on the need to stop smoking. I understand that I am free to ask for more information and guidance on how to stop smoking.

I am a smoker and do not wish to receive information or advised on smoking cessation at this time.

The undersigned certifies that I have read the foregoing, received a copy thereof, and I am the patient, the patient's legal representative, or I am duly authorized by the patient as the patient's general agent to execute the above and accept its terms.


Date 11/13/08


Patient/Patient's Authorized Signature



If other than patient, indicate relationship

Witness

Witness

EID# 0106

Consent for Treatment

ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY A

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

AWN000165

Houston Northwest Medical Center



HNMLG

Tenet Texas**1. Financial Responsibility**

In consideration of services rendered or to be rendered to patient, the undersigned, whether he/she is the patient, patient's relative, patient's legal guardian, representative, agent, other individual or entity, hereby obligates himself/herself individually, to the hospital, physicians, surgeons, emergency department physicians, radiologists, pathologists, anesthesiologists, and consultants involved in the patient's care and agrees to pay for any and all charges and expenses incurred or to be incurred. It is agreed and understood that regardless of any and all assigned benefits/monies, I, as the designated responsible party, am responsible for the total charges for services rendered, and I further agree that all amounts are due upon request and are payable to the hospital, and the appropriate physicians, surgeons, emergency department physicians, radiologists, pathologists, anesthesiologists and consultants involved in patient's care and agree to pay for any and all charges and expenses incurred or to be incurred. It is further agreed and understood that should this account become delinquent and it becomes necessary for the account to be referred to an attorney or collection agency for collection or suit, I, as the designated responsible party or entity, shall pay all patient charges, reasonable attorney's fees and collection expenses. I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt. All delinquent accounts may be charged interest at the maximum rate allowed by law.

2. Assignment of Benefits to Hospital and Hospital-Based Physician

In consideration of services rendered or to be rendered, I hereby irrevocably assign and transfer to the hospital, and hospital-based physicians (e.g., radiologists, pathologists, anesthesiologists, emergency department physicians) all rights, title and interest in all benefits/monies payable for services/supplies rendered, including but not limited to group medical/indemnity/self-insured/ERISA benefits/coverage, PIP, UIM/UM, auto/homeowner insurance, and in all causes of action against any party or entity that may be responsible for payment of benefits/monies regardless of whether or not I ultimately settle my claim with a non-admission of liability provision. I fully understand that in the event the hospital and/or hospital-based physicians files a claim on my behalf that the same does not impose any contractual obligation or otherwise upon the hospital and/or hospital-based physicians, and that, notwithstanding the irrevocable nature of this Assignment of Cause of Action and Benefits, I remain fully responsible for instituting, and am expressly authorized by the hospital and hospital-based physicians to institute, suit within the applicable statutes of limitations. I authorize the hospital and/or hospital-based physicians to appeal any denial under my appeal rights provision. It is hereby agreed and understood that any condition precedent, subsequent or otherwise, including, but not limited to, precertification, preauthorization, or second opinions shall remain the sole responsibility of patient and/or the patient's family, legal guardian, representative or agent. I further understand that failure to pre-certify could result in reduced payments from patient's insurance company, leaving the undersigned financially responsible for the non-reimbursed portion of patient's bill. It is further agreed and understood that the obtaining of verification of benefits and/or precertification does not in any form or fashion relieve the patient or the patient's family, other individual or entity signing on behalf of patient, of any liability for the financial responsibility for goods and services provided or to be provided to patient by the hospital and/or hospital-based physicians and any other associated physician. I fully understand and agree that hospital and/or hospital-based physicians shall be entitled to full payment where a third-party accident is involved notwithstanding any benefits payable by a managed care payor on my behalf as third-party bears primary responsibility.

3. Assignment of Cause of Action and Benefits

I, for good and valuable consideration receipt of which is hereby acknowledged, irrevocably assign and transfer, to the hospital, any and all claims, demands, suits, remedies, guarantees, liens and/or causes of action, at law or in equity, either in contract or in tort, statutory or otherwise, to the extent permitted by law, as well as any other claim, in whole or in part, which I may now have or may hereafter hold or possess, known or unknown, on account of, growing out of, relating to or concerning, whether directly or indirectly, proximately or remotely, any acts, omissions, events, transactions or occurrences that have occurred or failed to occur, which resulted in my injuries for which the hospital has provided and/or will provide medical goods and services to me. This Assignment of Cause of Action and Benefits shall be effective against any and all parties or entities that may bear or appear to bear liability for my injuries, including but not limited to, my employer, its direct and indirect subsidiaries, all of its officers, directors, agents, servants, successors, assigns and employees. I further assign and transfer to the hospital, any and all rights (including appeal rights), title and interest in any and all benefits, monies or other form of compensation paid or to be paid on my behalf as a result of this injury/illness. I fully understand that, notwithstanding the irrevocable nature of this Assignment of Cause of Action and Benefits, I remain solely responsible for instituting, and am expressly authorized by the hospital to institute, suit within the applicable statutes of limitations, and that the hospital is not in any form or fashion responsible for instituting suit on my behalf. I understand and agree that this Assignment does not relieve me of my liability or responsibility for any and all charges incurred as a result of medical goods and services provided to me by the hospital.

4. Medicare Patient's Assignment of Benefits and Release of Information

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made on my behalf. I assign payment for unpaid charges of the hospital and physician(s) for whom the hospital is authorized to bill in connection with its services. I understand I am responsible for any remaining balance not covered by Medicare or other insurance.

5. Legal Relationship Between Hospital and Physician

All physicians and surgeons furnishing services to the patient, including the Emergency Department physicians, radiologists, pathologists, anesthesiologists and the like, are independent contractors with the patient and are not employees or agents of the hospital. The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered for the patient under the general and special instructions of the physician.

EID1 0604

Conditions of Services
Page 1 of 2



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY ADOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY APRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

AWN000166

HNMLG

6. Authorization to Appeal

I hereby authorize the hospital to appeal on my behalf my claim(s) with, if applicable, and/or any payor which denies and/or delays payment of my claim(s). I further authorize that the payors, listed herein and any other payors, release any and all information requested and/or related to my claim(s) to the hospital and/or its attorneys. Unless prohibited by applicable law or regulation, this authorization is irrevocable upon execution by me hereinbelow and any appeal brought by the hospital shall be as if it was brought by me personally.

7. Personal Valuables

It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables, and the hospital shall not be liable for the loss or damage to any money, jewelry, documents, fur garments, dentures, eye glasses, hearing aids, prosthetics or other articles of unusual value and small size, unless placed in the safe, and shall not be liable for loss or damage to any other personal property, unless deposited with the hospital for safekeeping. The maximum liability of the hospital for loss of any personal property which is deposited with the hospital for safekeeping is limited to five hundred dollars (\$500.00) unless a written report for a greater amount has been obtained from the hospital by the patient.

8. I have Received the Additional Facility Specific Addendum:

Patient Rights and Responsibilities;

Important Message from Champus;

Important Message from Medicare;

Authorization to Disclose

Other Specific Items as listed here:

Information regarding Advance Directives
Not Applicable

Patient has executed Advance Directives: Yes No Did you bring a copy? Yes No
If no, whom to contact to receive a copy?

9. Financial Responsibility Agreement by Person Other than the Patient or the Patient's Legal Representative

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement (Paragraph 1) and Assignment of Benefits to Hospital and Hospital-Based Physicians (Paragraph 2) set forth above.

Date	Financially Responsible Party	Witness
<p>The undersigned certifies that he/she has read and verbalized/demonstrated understanding of the foregoing, received a copy thereof, and is the patient, the patient's legal representative or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.</p> <p><i>2/16/08</i> <i>Nancy Phillips</i></p> <p>Patient/Parent/Guardian/Conservator/Responsible Party - The above conditions of services have been explained to me and I understand.</p>		
If other than patient, indicate relationship	Witness	Witness

A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT

EID1 0604



Conditions of Services
Page 2 of 2

ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 3

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

AWN000167

Houston Northwest
Medical Center

Tenet Texas



HNMLG

A Notice of Privacy Practices (NPP) is provided to all patients. This Notice of Privacy Practices identifies: 1) how medical information about you may be used or disclosed; 2) your rights to access your medical information, amend your medical information, request an accounting of disclosures of your medical information, and request additional restrictions on our uses and disclosures of that information; 3) your rights to complain if you believe your privacy rights have been violated; and 4) our responsibilities for maintaining the privacy of your medical information.

The undersigned certifies that he/she has read the foregoing, received a copy of the Notice of Privacy Practices and is the patient, or the patient's personal representative.

Nancy Phillips
Name of Patient
2/6/08
Date Signed

Nancy Phillips
Signature of Patient

Name of Patient's Personal Representative

Signature of Patient's Personal Representative

/ /
Date Signed

Maria Carea
Name of Employee

FOR INTERNAL USE ONLY

RE
Signature of Employee

If applicable, reason patient's written acknowledgement could not be obtained

- Patient was unable to sign.
- Patient refused to sign
- Other _____

(Version: As noted on NPP)

(Date: As noted on NPP)

EID# 0204

Notice of Privacy Practices (NPP)
Acknowledgement

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

ACCT#075885491 MR# 000209691
PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY A

AWN000168

4/19/07

00:03:12

** * ** *

HOUSTON NORTH WEST M.C. REGISTRATION
710 FM 1960 W. HOUSTON TX 77090 RECORD-F01

PATIENT NO: 073788325

ADMIT DT/TIME: 4/17/07 11:18 M/R NO: 000209691
CLINICS: P3 FILING MR#: 209691

NS/ROOM/BED:

BY: AUTO

PATIENT NAME: PHILLIPS, NANCY A

TITLE:

MAILING ADDR: 14619 ELLA BLVD

SOCIAL SECURITY: 456337729

CITY/STATE: HOUSTON

TX 77014 2589 PHONE: (281) 875-4424

PHYSICAL ADR:

NPP: 2.0 DATE: 12/08/03

CITY/STATE:

PHONE: ()

OCCUPATION:

LANGUAGE: EN FC: 17

POB: HOUSTON

ADMT PHYS: 3191- DAVIS, GEORGE M HSV: 65

DOB: 6/13/1962

ADMT PHYS PHONE: (281) 440-2146 RLG: BP PAR:

AGE: 44 Y

ATTEND PHYS: 3191- DAVIS, GEORGE M MS: M

SEX: F REF PHY: 3191-DAVIS, GEORGE M PHN: 281 440-2146 SMK:

RACE: 2

FATHER'S DOB:

MOTHER'S DOB: PT: 3

REF SRC:

FLAG:

VAL:

EMER CONTACT: PHILLIPS, LEROY

REL: SPOUSE

ADDRESS: 14619 ELLA BLVD

PHONE: (281) 875-4424

CITY/STATE: HOUSTON

TX 77014 2589

REL:

NEAREST RELT:

PHONE: ()

ADDRESS:

RESEARCH ID:

CITY/STATE:

GUARANTOR: PHILLIPS, NANCY A

REL: SELF

ADDRESS 1: 14619 ELLA BLVD

PHONE: (281) 875-4424

ADDRESS 2:

SOCIAL SECURITY: 456337729

CTY/STE/ZIP: HOUSTON

TX 77014 2589 OCC:

AF:

PAYOR NAME 1: EVERCARE MANAGED MEDICA

INS. PLAN ID: WR572 SRV/TYPE: ALLER

PLAN NAME: EVERCARE MANAGED MEDICAID

IPA:

BILL C/O NAME:

AUTH #:

BILL ADDRESS: PO BOX 659777

CERT-SSN-HIC-ID#: 503514989

CTY/STE/CNTRY: HOUSTON

TX 77265 0000

BILL PHONE: (866) 331-2243

BILLING NAME:

GP #:

INSURED: PHILLIPS, NANCY

SEX/REL: F SELF

EMPLOYER: UNEMPLOYED

MSP: N TRACKING#:

ADDRESS: 1212 LONE WOLF

EMP PHONE: (214) 000-0000

CITY/STATE: CARROLLTON

TX 75007

ESC: 3

INS. PLAN ID:

PAYOR NAME 2:

AUTH #:

PLAN NAME:

CERT-SSN-HIC-ID#:

BILL C/O NAME:

BILL PHONE: () 000-0000

BILL ADDRESS:

GP #:

CTY/STE/CNTRY:

SEX/REL:

BILLING NAME:

TRACKING#:

INSURED:

EMP PHONE: () 000-0000

EMPLOYER:

ESC:

ADDRESS:

CITY/STATE:

SPAN CODE:

PRIOR VISIT: 9/02/05

FROM/TO DATE:

PRIOR HOSPITAL:

CONDITION CD

CONDITION CD

OCCURRENCE CD/DATE

OCCURRENCE CD/DATE

11 4/13/07

CHIEF COMPLAINT DESCRIPTION:

CHIEF COMPLAINT CODE:

NUBBNESS LEFT SIDE

COMMENTS:

Houston Northwest Medical Center

Coding Summary

final

Name: Phillips, Nancy A Account #: 0073788325 MR #: 209691
 Date of Birth: 6/13/1962 Sex: FEMALE SSN: 456337729
 Age at Admit: 44 years Race: Black LOS: 1
 Attend Phys: 00003191 Davis, George M. F/C: 17 MCAID MGD-CON
 Admit Date: 4/17/2007 Disch. Date: 4/17/2007
 Patient Type: 3 OP-ER Pat Payor 1:
 Det Pt Type: 65 Emergency Room Payor 2:
 Discharge Serv Payor 3:
 Admit Dx: 782.0 SKIN SENSATION Discharge Status: A 01 - Home/Self Ca
 DRG MDC Weight GMLOS ALOS Expect Coder ID Coded Date Final Date
 Reimb
 Seq Diagnos 102 4/23/2007 04/23/2007

Seq. Diagnos

1 782.0 Disturbance of skin sensation
2 729.5 Pain in limb

Seq/EpisodeProcedure Start End 1 2 3 4 5 4 Modifiers

Provider

Role

Consult Performed By

PRINTED BY: GERMAINN KENNARD
DATE: 11/13/2008

Physician Documentation
Houston Northwest Medical Center
Name:NANCY PHILLIPS
Emergency Department
Age:44 years
Sex:Female
DOB:06/13/1962
Account#:073788325
SSN:456-33-7729
Private MD:ramiz, naila
Arrival Date:04/17/2007
Time:10:54
MRN:000209691

Diagnosis:Paresthesia

Disposition Location:Home/Self Care

Incomplete Required Fields: Nurses notes reviewed., Disposition,

Vital signs, Data reviewed, Counsel, Diagnosis, Social hx,

Cardiovascular, Cardiac monitor, Pulse oximetry, Interpretations

Historical:

- Allergies: *No known Allergies;
- Home Meds:
 1. last doses of meds were 2 days ago, ambien 5 mg po q hs, risperdal 50 mg po q hs, trazodone 150 mg po q hs, zoloft 10 mg ? po q am, abilify 30 mg po q hs, ;
 2. Sertraline Oral;
 3. Ambien PO;
 4. Trazodone PO;
 5. Abilify Oral;
 6. Risperdal PO;
- PMHx: Depression; Schizophrenia;
- PSHx: Tubal ligation;
- Immunization history:: Last tetanus immunization: unknown.
- Social history:: Uses tobacco products: cigarettes, 2 ppd. alcohol, Speaks fluent English. Denies drug usage.

Vital Signs:

04/17 BP 124/80; Pulse 85; Resp 18; Temp 99.6(O); Pulse Ox 100% on R/A; tbw

11:00 Weight 137Lbs / 62.13Kg(R); Pain 6/10;

14:01 BP 124/80; Pulse 76; Resp 18; Pulse Ox 98% on ;

17:33 BP 122/88; Pulse 80; Resp 16;

td

tw

Signatures:

Wilder, Tonya
davis, tony

RN tbw

td

Name:NANCY PHILLIPS

MRN:000209691

Account#:073788325

Page 1 of 1

Nurse's Notes

Houston Northwest Medical Center

Name:NANCY PHILLIPS

Emergency Department

Age:44 years

Sex:Female

DOB:06/13/1962

Account#:073788325

SSN:456-33-7729

Private MD:ramiz, naila

Arrival Date:04/17/2007

Time:10:54

MRN:000209691

Chief Complaint:Numbness, Other - left side numb

Disposition Location:Home/Self Care

Incomplete Required Fields: IV Infusions

Presentation:

04/17 Presenting complaint: Patient states: Left sided numbness since 10:58 saturday. Acuity: Level 3 Urgent. Method of arrival: Ambulated without assistance. Care prior to arrival: None.

tbw

Historical:

- Allergies: *No known Allergies;
- Home Meds:
 1. last doses of meds were 2 days ago, ambien 5 mg po q hs, risperdal 50 mg po q hs, trazodone 150 mg po q hs, zoloft 10 mg ? po q am, abilify 30 mg po q hs, ;
 2. Sertraline Oral;
 3. Ambien PO;
 4. Trazodone PO;
 5. Abilify Oral;
 6. Risperdal PO;
- PMHx: Depression; Schizophrenia;
- PSHx: Tubal ligation;
- Immunization history:: Last tetanus immunization: unknown.
- Social history:: Uses tobacco products: cigarettes, 2 ppd. alcohol, Speaks fluent English. Denies drug usage.

Screening:

11:00 Nutritional screening: No deficits noted. Tuberculosis screening:

tbw

Never had TB Possible symptoms: None. Suicide Screen is not applicable. Not Applicable. Exposure risk / Travel screening Travel out of country? No.

Vital Signs:

11:00 BP 124/80; Pulse 85; Resp 18; Temp 99.6(O); Pulse Ox 100% on R/A; Weight 137Lbs / 62.13Kg(R); Pain 6/10;

tbw

14:01 BP 124/80; Pulse 76; Resp 18; Pulse Ox 98% on ;

td

17:33 BP 122/88; Pulse 80; Resp 16;

tw

Assessment:

16:05 Pain: Location of pain is left arm Pain is described as aching.

vml

Neuro: Level of Consciousness is awake, alert, obeys commands, Oriented to person, place, time, PERRL Facial symmetry appears

Name:NANCY PHILLIPS

MRN:000209691

Account#:073788325

Page 1 of 2

normal, Gait is steady, Grips are equal bilaterally Speech is normal, Moves all extremities. EENT: Reports no EENT complaints.

Cardiovascular: Chest pain is denied. Respiratory: Airway is patent Respiratory effort is even, Respiratory pattern is regular, Breath sounds are clear bilaterally. GI: Reports normal bowel habits.

Genitourinary: Reports no difficulty with urination. Derm: Skin appears intact, feels dry. Musculoskeletal: ROM intact in all extremities.

17:33 General: Dr. Ramiz into see pt.

tw

Interventions:

11:00 Identification and allergy band placed on right wrist. Patient placed tbw in waiting room. Family accompanied patient.

Procedure:

15:57 CBC Ordered, BMP Ordered.

EDMS

15:58 CT Head w/o Contrast Ordered.

EDMS

16:18 Labs drawn & sent to lab.

vml

Observations:

10:54 Patient arrived in ED. Patient moved to Waiting.

jn2

10:57 Triage completed.

tbw

15:37 Patient moved to C05.

vml

15:48 Patient moved to C06.

tw

16:56 ANTENEH ROBA MD is Attending Physician. Medical Screening Complete

atr

17:29 naila ramiz is Referral Physician.

atr

Outcome:

17:29 ER care complete, discharge ordered by MD.

atr

17:33 Pain Reassessment: Pain is unchanged at this time. Disposition: Discharged to home ambulatory, with family. Condition: stable. Discharge instructions given to patient, Instructed on smoking cessation, follow up care, medication usage, Demonstrated understanding of instructions, medications, Prescriptions given X1. Work/School excuse given. one day off.

tw

17:37 Patient left the ED.

tw

Signatures:

Medhost, Dispatcher

EDMS

ROBA, ANTENEH

MD atr

Maxwell, Victoria

RN vml

Wright, Theresa

RN tw

Wilden, Tonya

RN tbw

davis, tony

td

Nelson, Jamie

jn2

Orders:

15:55 CBC, Written, ordered by gmd1, ordered for gmd1

15:55 BMP, Written, ordered by gmd1, ordered for gmd1

15:55 CT Head w/o Contrast, Written, ordered by gmd1, ordered for gmd1

Name:NANCY PHILLIPS

MRN:000209691

Account#:073788325

Page 2 of 2

Houston Northwest Emergency Department
Discharge Instructions for: NANCY PHILLIPS

Houston Northwest Medical Center

Emergency Department
710 FM 1960 W.
Houston, Texas 77090
281-440-2146

DISCHARGE INSTRUCTIONS FOR:
FOR TODAY'S VISIT ON:

NANCY PHILLIPS
Tuesday 4/17/2007

Thank you for using Houston Northwest Medical Center for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

X-RAYS and LAB TESTS:

If you had x-rays today, they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. (Make sure we have your local phone number). To sign out your X-rays to your doctor, please call 281-440-2316.

MEDICATIONS:

If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Care provided by ANTENEH ROBA MD with the diagnosis of Paresthesia.

Thanks again for using Houston Northwest Medical Center for your treatment today. The discharge instructions for today's visit are outlined below.

-
- PARAESTHESIAS (Neuropathy)
 - naila ramiz (Int. Med.)
 - Call referral doc in 2-3 days for re-evaluation
 - Work Release Form - 2 day
-

Special Notes:

I sided pain (extremities)

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Nancy Phillips

NANCY PHILLIPS

MRN # 000209691

ACCT # 073788325

Nancy Phillips
ED Physician or Nurse



ACCT#073788325 MR#000209691

PHILLIPS, NANCY A
06/13/1962 F44 3191-DAVIS, GEORGE M -

Houston Northwest Medical Center 04/17/2007 05 3

E K P 1 1 0 6 7 7

TIME SEEN: _____ on arrival ROOM: 16 EMS Arrival
 HISTORIAN: patient spouse paramedics _____
 HX / EXAM LIMITED BY: _____

HPI

chief complaint: weakness paresthesia facial droop falling
 difficulty standing / walking impaired speech

1/8/08
Paresthesia x 4d

started: x 4d sudden / gradual onset
 gone now better continues in ED constant / intermittent
 greater than 3 hours cannot confirm onset noted on awakening

severity: mild moderate severe

context: _____

character of deficit(s):

new weakness • RUE RLE LUE LLE R/L facial general (diffuse)

altered sensation

• RUE RLE LUE LLE R/L facial

vision problem

impaired speech / swallowing • difficult unable

decreased ability to stand / walk

• weak difficult off balance cannot walk cannot stand

falling

Usually- walks w/o assistance stands for transfers
 uses a cane / walker bed-ridden
 walks only w/ assistance unable to sit up
 unable to walk

associated symptoms:

altered mental status unchanged from baseline
 • disoriented confused agitated trouble concentrating / thinking
 decreased responsiveness unresponsive

Usually- alert, oriented x3 alert but confused
 alert but disoriented to time poor alertness

Similar symptoms previously

Recently seen / treated by doctor

* HNMR*

ROS**NEURO**

headache _____
 neck pain _____
 unsteady gait _____
 passed out / seizure _____
 head injury _____

dizziness _____
 vertigo lightheadedness

PULMONARY

chest pain _____
 palpitations _____
 cough _____
 sputum _____
 trouble breathing _____

all systems neg except as marked

PAST HX negative

stroke / TIA _____
 back injury _____
 diabetes Type 1 Type 2
 diet / oral / insulin _____
 lung disease _____
 high cholesterol _____
 migraine headaches _____
 HIV / AIDS _____
 seizure disorder _____
 insect bite _____
 cancer _____
 exposure to tick / Lyme dz _____

Surgeries / Procedures none

cholecystectomy _____
 CABG _____
 pacemaker _____
 appendectomy _____
 back surgery _____
 hysterectomy _____
 tonsillectomy _____
 carotid endarterectomy _____

Medications none see nurses note

ASA NSAIDs acetaminophen
 coumadin heparin

Allergies NKDA

see nurses note

SOCIAL HX smoker _____ drug use / abuse _____
 recent ETOH _____ nursing home resident _____

FAMILY HX stroke migraines CAD _____
 CNS cancer _____ cerebral aneurysm _____



ACCT#073788325 MR#000209691

PHILLIPS, NANCY A

06/13/1962 F44 3191-DAVIS, GEORGE M.

Houston Northwest Medical Center 04/17/2007 05 3

© 1996 - 2006 T-System, Inc. Circle or check affirmatives. Backslash (\) negatives.

46

Houston Northwest Medical Center
EMERGENCY PHYSICIAN RECORD
 Neuro Symptoms / Deficit (5)

Nursing Assessment Reviewed Vitals Reviewed

PHYSICAL EXAM

General Appearance

no acute distress _____
 alert _____
 lethargic / obtunded _____
 apneic _____

HEENT

no apparent trauma _____
 EOM's intact _____
 PERRL _____

ENT inspection nml

pharynx nml _____
 airway intact _____
 oral exam nml _____

NEURO / PSYCH

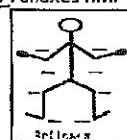
higher functions _____
 oriented x3 _____
 mood / affect nml _____
 nml speech / cognition _____

cranial nerves-

normal as tested _____
 facial palsy _____
 forehead: involved spared _____
 tongue deviation (to R / L) _____

cerebellar-

normal as tested _____
 peripheral exam- _____
 no motor deficit _____
 no sensory deficit _____



NECK

supple _____
 non-tender _____
 no carotid bruit _____

RESPIRATORY

no resp. distress _____
 breath sounds nml _____

CVS

reg. rate, rhythm _____
 heart sounds nml _____
 tachycardia / bradycardia / irreg. irreg. rhythm _____
 JVD present _____
 murmur grade /6 sys / dias _____
 gallop (S3 / S4) _____
 pulse deficit (R / L) _____

ABDOMEN

non-tender _____
 no organomegaly _____

RECTAL EXAM

nml rectal exam _____
 heme neg. stool _____

SKIN

color nml, no rash _____
 warm, dry _____

EXTREMITIES

non-tender _____
 normal ROM _____
 no pedal edema _____

Neuro Symptoms Deficit-46

LABS, EKG & XRAYS

CBC	Chemistries	UA
<input checked="" type="checkbox"/> normal except _____	<input checked="" type="checkbox"/> normal except _____	<input checked="" type="checkbox"/> normal except _____
WBC _____	Na _____	WBC _____
Hgb _____	K _____	RBC _____
Hct 35.5	Cl _____	bacteria _____
Platelets _____	CO2 _____	dip: _____
segs _____	Ca _____	
bands _____	Glu 150	
lymphs _____	Creat _____	
monos _____	Bun _____	
eos _____		

EKG MONITOR STRIP NSR Rate

EKG NML Interp. by me Reviewed by MD Rate
 NSR nml intervals nml axis nml QRS nml ST/T

not / changed from: _____

CXR Interp. by me Reviewed by MD Discsd w/ radiologist
 nml/NAD no infiltrates nml heart size nml mediastinum

not / changed from: _____

Head CT

normal (C)

Pulse Ox % on RA / L / % Interp _____

PROGRESS

Time unchanged improved re-examined

8/17/09 3pm in ER 8/17/09
 Discharged to R Bank 6th floor
 Discharged to home off to for
 Dr. [unclear] for t/w 3 days

Discussed with Dr. [unclear] will see patient in ED/hospital/office

C counseled patient / family regarding: Additional history from:
 lab / rad results diagnosis need for follow-up family caretaker paramedics
 prior records ordered Rx given

CRIT CARE TIME (excluding separately billable procedures)
 30-74 min 75-104 min min

CLINICAL IMPRESSION

Transient Ischemic Attack	Intracerebral Hemorrhage
CVA (Stroke)	Subarachnoid Hemorrhage
hemorrhagic non-hemorrhagic	Subdural / Epidural Hematoma
Bell's Palsy	Sepsis / Meningitis / Encephalitis
Epidural Abscess / Mass	Metastatic Cancer

DISPOSITION: transferred observation home admit

expired AMA elopement DOD

CONDITION: good fair poor critical stable

unchanged _____

MLP SIGNATURE

ATTENDING NOTE:

MLP's history reviewed, patient interviewed and examined.

Briefly, pertinent HPI is: _____

Physician Signature

Date

ACCT#073788325 MR#000209691
PHILLIPS, NANCY A
06/13/1962 F44 3191-DAVIS, GEORGE M
06/13/1962 F44 3191-DAVIS, GEORGE M
Houston Northwest Medical Center 04/17/2007 65 3

Houston Northwest Medical Center
Clinical Laboratory
North Houston Pathology Associates, L.L.P.
710 F.M. 1960 West
Houston, Texas 77090

Telephone: (281) 440-2160

Patient Name:	PHILLIPS, NANCY A	Medical Record No:	000209691
Date Of Birth:	06/13/62	Encounter No:	073788325
Age:	44Y	Admit Date:	04/17/07
Sex:	F	Discharge Date:	04/17/07
Physician:	DAVIS, GEORGE M, MD		
Diagnosis:			

DEPT: HEMATOLOGY SECTION

CBC

	04/17/07 16:15	Reference	Units
WBC	8.4	3.8-11.6	K/cumm
RBC	4.14	3.70-5.10	M/cumm
HEMOGLOBIN	12.0	12.0-15.0	gm/dl
HEMATOCRIT	35.5 L	35.7-44.8	%
MCV	86	80-100	fL
MCH	29.0	26.2-33.8	pg
MCHC	33.8	31.7-35.1	gm/dl
RDW	13.0	11.3-14.5	%
PLATELET	283	130-408	K/cumm
SEGS	65	50-70	%
LYMPHS	29	20-40	%
MONOS	4	1-10	%
EOS	2	1-5	%
BASOPHILS	0	0-2	%
SEGS,ABSOLUTE COUNT	5.4	1.90-7.20	K/cumm
LYMPHS,ABSOLUTE COUNT	2.4	1.10-2.70	K/cumm
MONOS,ABSOLUTE COUNT	0.3	0.30-0.80	K/cumm
EOSINOPHILS, ABSOLUTE COUNT	0.2	0.00-0.50	K/cumm
BASOPHILS, ABSOLUTE COUNT	0.0	0.00-0.10	K/cumm

DEPT: CHEMISTRY SECTION

Basic Metabolic Panel

	04/17/07 16:15	Reference	Units
SODIUM	136	135-145	mmol/L
POTASSIUM	3.7	3.6-5.0	mmol/L
CHLORIDE	107	101-111	mmol/L
CO2	26	21-31	mmol/L
CALCIUM	9.0	8.5-10.5	mg/dl
GLUCOSE	158 H	70-100	mg/dl

***** LAB DISCHARGED REPORT *****

Patient Name:	PHILLIPS, NANCY A	Location:	ER POD C
Patient Number:	000209691	Encounter Number:	073788325
Run Date and Time:	05/17/07 04:45		

PRINTED BY: GERMAINNKENNARD
DATE: 05/13/2008 Report Type: Medical Records Report

Houston Northwest Medical Center
Clinical Laboratory
North Houston Pathology Associates, L.L.P.
710 F.M. 1960 West
Houston, Texas 77090

Telephone: (281) 440-2160

Patient Name: PHILLIPS, NANCY A
Date Of Birth: 06/13/62
Age: 44Y
Sex: F
Physician: DAVIS, GEORGE M, MD
Diagnosis:

Medical Record No: 000209691
Encounter No: 073788325
Admit Date: 04/17/07
Discharge Date: 04/17/07

		Reference	Units
CREAT	04/17/07 16:15	0.5-1.2	mg/dl
BUN	0.8 7	6-20	mg/dl

***** LAB DISCHARGED REPORT *****

Patient Name:	PHILLIPS, NANCY A	Location:	ER POD C
Patient Number:	000209691	Encounter Number:	073788325
Run Date and Time:	05/17/07 04:45		

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008 Report Type: Medical Records Report

04/17/2007 16:49 2814402574

READING RM

PAGE 02/02

HOUSTON NORTHWEST MEDICAL CENTER

Tenet Houston Healthcare System
<http://www.tenethealth.com>

710 FM 1960 West
 Houston, TX 77090
 Phone: 281-440-2300
 FAX: 281-440-2574

Diagnostic Imaging Preliminary Report

XRAY (Plain films)		MRI
Ultrasound		Mammography
CT Scan		Nuclear Med

Patient: Phillips, Nancy

Date: 4/17/07

Room: ER

Exam: CT Head

M. D.:

Diagnosis:

COMMENTS:

Poor
 Original

flg

RADIOLOGIST

Please note this report is a PRELIMINARY REPORT. It is NOT to be construed as a final report.
 Final signed report will follow. For any concerns please call: 281-397-2979
 re-created 3/13/06 HNMC Prelim Fax



ACCT#073788325 MR#000209691
PHILLIPS, NANCY A
 06/13/1962 F44 3191-DAVIS, GEORGE M
 Houston Northwest Medical Center 04/17/2007 65 3

PRINTED BY: GERMAINN KENNARD
 DATE: 11/13/2008

AWN000179

04/17/07 1558	PHILLIPS, NANCY A	000209691
06/13/62 44Y F EOE	A073788325	04/17/07 1756
04/17/07 1559 1777189 0003 DAVIS, GEORGE M		
DAVIS, GEORGE M	710 FM 1960 WEST HOUSTON, TX 77090	(281) 440-2146
	DAVIS, GEORGE M	

Chk-in #	Order	Exam
1777189	0003	3046 CT HEAD WO CONTRAST Ord Diag: left side numbness

FINDINGS: The ventricles are normal in size. There is no evidence for intracranial hemorrhage or acute infarction. There is a small, focal hypodensity in the right parietal lobe. This is likely old, but is of unclear etiology. It may represent an area of gliosis.

IMPRESSION: No acute intracranial abnormality.

Transcriptionist- Powerscribe
Read By- ROBERT SCHOLL , M.D.
Released By- ROBERT SCHOLL , M.D.
Released Date Time- 04/17/07 1756

Final

HOUSTON NORTHWEST MEDICAL CENTER - IMAGING DEPT

Houston Northwest Medical Center

Tent Texas



HNMLG

1. Financial Responsibility

In consideration of services rendered or to be rendered to patient, the undersigned, whether he/she is the patient, patient's relative, patient's legal guardian, representative, agent, other individual or entity, hereby obligates himself/herself individually, to the hospital, physicians, surgeons, emergency department physicians, radiologists, pathologists, anesthesiologists, and consultants involved in the patient's care and agrees to pay for any and all charges and expenses incurred or to be incurred. It is agreed and understood that regardless of any and all assigned benefits/monies, I, as the designated responsible party, am responsible for the total charges for services rendered, and I further agree that all amounts are due upon request and are payable to the hospital, and the appropriate physicians, surgeons, emergency department physicians, radiologists, pathologists, anesthesiologists and consultants involved in patient's care and agree to pay for any and all charges and expenses incurred or to be incurred. It is further agreed and understood that should this account become delinquent and it becomes necessary for the account to be referred to an attorney or collection agency for collection or suit, I, as the designated responsible party or entity, shall pay all patient charges, reasonable attorney's fees and collection expenses. I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt. All delinquent accounts may be charged interest at the maximum rate allowed by law.

2. Assignment of Benefits to Hospital and Hospital-Based Physician

In consideration of services rendered or to be rendered, I hereby irrevocably assign and transfer to the hospital, and hospital-based physicians (e.g., radiologists, pathologists, anesthesiologists, emergency department physicians) all rights, title and interest in all benefits/monies payable for services/supplies rendered, including but not limited to group medical/indemnity/self-insured/ERISA benefits/coverage, PIP, UIM/UM, auto/homeowner insurance, and in all causes of action against any party or entity that may be responsible for payment of benefits/monies regardless of whether or not I ultimately settle my claim with a non-admission of liability provision. I fully understand that in the event the hospital and/or hospital-based physicians files a claim on my behalf that the same does not impose any contractual obligation or otherwise upon the hospital and/or hospital-based physicians, and that, notwithstanding the irrevocable nature of this Assignment of Cause of Action and Benefits, I remain fully responsible for instituting, and am expressly authorized by the hospital and hospital-based physicians to institute, suit within the applicable statutes of limitations. I authorize the hospital and/or hospital-based physicians to appeal any denial under my appeal rights provision. It is hereby agreed and understood that any condition precedent, subsequent or otherwise, including, but not limited to, precertification, preauthorization, or second opinions shall remain the sole responsibility of patient and/or the patient's family, legal guardian, representative or agent. I further understand that failure to pre-certify could result in reduced payments from patient's insurance company, leaving the undersigned financially responsible for the non-reimbursed portion of patient's bill. It is further agreed and understood that the obtaining of verification of benefits and/or precertification does not in any form or fashion relieve the patient or the patient's family, other individual or entity signing on behalf of patient, of any liability for the financial responsibility for goods and services provided or to be provided to patient by the hospital and/or hospital-based physicians and any other associated physician. I fully understand and agree that hospital and/or hospital-based physicians shall be entitled to full payment where a third-party accident is involved notwithstanding any benefits payable by a managed care payor on my behalf as third-party bears primary responsibility.

3. Assignment of Cause of Action and Benefits

I, for good and valuable consideration receipt of which is hereby acknowledged, irrevocably assign and transfer, to the hospital, any and all claims, demands, suits, remedies, guarantees, liens and/or causes of action, at law or in equity, either in contract or in tort, statutory or otherwise, to the extent permitted by law, as well as any other claim, in whole or in part, which I may now have or may hereafter hold or possess, known or unknown, on account of, growing out of, relating to or concerning, whether directly or indirectly, proximately or remotely, any acts, omissions, events, transactions or occurrences that have occurred or failed to occur, which resulted in my injuries for which the hospital has provided and/or will provide medical goods and services to me. This Assignment of Cause of Action and Benefits shall be effective against any and all parties or entities that may bear or appear to bear liability for my injuries, including but not limited to, my employer, its direct and indirect subsidiaries, all of its officers, directors, agents, servants, successors, assigns and employees. I further assign and transfer to the hospital, any and all rights (including appeal rights), title and interest in any and all benefits, monies or other form of compensation paid or to be paid on my behalf as a result of this injury/illness. I fully understand that, notwithstanding the irrevocable nature of this Assignment of Cause of Action and Benefits, I remain solely responsible for instituting, and am expressly authorized by the hospital to institute, suit within the applicable statutes of limitations, and that the hospital is not in any form or fashion responsible for instituting suit on my behalf. I understand and agree that this Assignment does not relieve me of my liability or responsibility for any and all charges incurred as a result of medical goods and services provided to me by the hospital.

4. Medicare Patient's Assignment of Benefits and Release of Information

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made on my behalf. I assign payment for unpaid charges of the hospital and physician(s) for whom the hospital is authorized to bill in connection with its services. I understand I am responsible for any remaining balance not covered by Medicare or other insurance.

5. Legal Relationship Between Hospital and Physician

All physicians and surgeons furnishing services to the patient, including the Emergency Department physicians, radiologists, pathologists, anesthesiologists and the like, are independent contractors with the patient and are not employees or agents of the hospital. The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered for the patient under the general and special instructions of the physician.

EID1 0604



Conditions of Services Page 1 of 2

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

ACCT#073788325 MR# 000209691

PHILLIPS, NANCY A
DOB: 06/13/1962 F 44 3191 DAVIS, GEORGE M
04/17/2007 65 PHILLIPS, NANCY A

AWN000181